Mail to: Arbi

Arbitration Services National Mediation Board 1301 K Street NW, Suite 250 East Washington, DC 20005



Arbitration Services – Pay Voucher for Personal Services

							,	Voucher Number For Use by NMB
Appropriation:		Authorization Number:				Date:		
For Use by NMB		For Use by NMB						
Name of Payee:			Address to Send Pa		yment:			
I certify:								
That this bill is correct and just and that payment has not been received.								
Signature				Cha Chaba 7ta Cada				
				City, State, Zip Code D as a Referee, as follows:				
From (mm/dd/yyyy)			Number	of Days Cost per		st per C	Day	Total Amount Due
	(ппп/аа/ууу	7)						
Domonico				Accoun	ating		Fo	\$ r Use by NMB
Remarks:			Accounting Classification		Differen		I OSC DY ININD	
						Accoun	t verified	
				For Use b	y NMB		Correc	et for: \$
I CERTIFY that the foregoing account is correct; that it appears from the records of my office that the person						For U	Jse by NM	•
named thereon was legally appointed, and has performed the service required by law and the regulations of the								
National Mediation Board during the period mentioned;								
that he/she is not being paid for any period of absence in excess of that allowed by law, and is entitled to the amount								
of pay stated above.	y iaw, and is on	inica to	the amount					
Amount Approved \$								
For Use by NMB								

Form Number Changed: This form was previously NMB-13